PLACE OF BIRTH	ARIZONA STA	TE BOARD OF HEALTH
County of Sile	BUREAU OF VITAL	STATISTICS 129 State Index No.
District of	ORIGINAL CERTIFICA	ATE OF BIRTH Co. Register No. 134
Town of Winkelman	17.	Local Registrar's No./
or City of	(No. 5-22	St;Ward)
CIP.		Marden (Born) YES
FULL NAME OF CHILD		
If child is not named, make Supplementa	1 Number 1	Date of A
Sex of Twin, Triplet or other	and in order of birth	egiti- nate? Birth Month) (Day) (Yr.)
Full FATHER Name W. A. L. & M.C.	Full Maiden Name	many 8. Sunder
Residence Washeleum	Resider	ace Windsolve
Color or Race Age at last Birthday		Age at last 36 Birthday (Years)
Birthplace Al &	Birthpl	ace W.S.
Occupation Planage	Оссира	House whe
- Ourpeace	<u> </u>	Nes
	en, of this mother, now living	Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I he artify that I attended the birth	of above child; and that it o	courred on 1913; at 12.03: CM.
Who.1 there is no attending physician or midwife, then the householder should make this return.	(Signatu	(Attending physician, midwife, householder.)
Given or christian name added from		Address Winfulu a
supplemental report191		March &
		A-True Copy O S SOX
COUNTY REGISTRAR.		COUNTY REGISTRAR.